

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

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2010 15 12 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. **FILE NUMBER**

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IS THIS AN AMENDMENT? Yes No		TOTAL PAGES IN EN	TIRE CEA 4 REPORT
A 140			A REPORT
1. Full Name of Committee (as on Statement 1.2)	ATION		
	is a new name		
PEGGY BEAUER FOR CLERK Committee 2. Acronym or Abbreviated Name (if any)	e a new manie		
in Abbrevialed Name (if any)	130	Omesité.	
4. Mailing Address (address v.)	ن. تغ ي	ommittee Telephone Numbe	er
4. Mailing Address (address where all campaign finance correspondence is received)	Check if	17 773-64	1 7
5. City, State, ZIP Code	0.1000 11	this is a new address	· ·
NOBLESVILLE, IN 46060	6. Pa	arty Affiliation (if	
CANDIDATE OF THE CANDID	استنسر	REPUBLICAN	
7. Full Name of Candidate (include any nickname)	ate's Commi	ttees Only)	
- PEUGY LYNN P.	8. Pa	irty Affiliation or If Independe	
9. Office Sought (Include district number, if any. Not required for exploratory committee		KEPUBLIC	ent Candidate
CLERK.	e.) 10. C	ounty of Residence	-) <i>N</i>
TYPE OF DEPOS		HAMILTO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
oned one.		CONVENTIO	ON CANDIDATES ONLY
Pre-Primary Pre-Election Nomination Other		1 Chart	M CANDIDATES ONLY
Thirdir Dispands Committee (lines 18, 19, and 20 must be "0")		Pre-Con	vention
	talement of Organizat	ion) Dest-Col	nvention
From: 1-1-2009 Through: 12:31-20		COLUMN A	COLUMN B
Cash of hand and investments at the hogiests	09	This Period	Year to Date
and investments January 1, current year.		158.28	
CONTRIBUTION			158.28
(Note: these amounts include in-kind contributions and loans, as well as cash contribution: 15a. Itemized (use Schedule A)	s.)		
15b. Unitemized		DY.	
15c. Add lines 15a and 15b in both columns		4	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	#	
SYDENDIFFUND	TOTAL	158.28	150 20
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schodule Division of the second of t		733:40	158.38
(acc defiedule B) (Public Question: use Salar III			
ormennzed		132.00	137.00
7c. Add lines 17a and 17b in both columns		+	/32.00
8. Cash on hand and investments at close of this reporting period (out to 147)	SUBTOTAL	132.00	132.00
	s) TOTAL	26.38	132,00 24.28
0. Debts OWED TO the committee (use Schedule E)		4607,83	94.90
		0	
IFICATION			
OF MY KNOWLEDGE AND BELIEF	IT IS TRUE, CORF	RECT AND COMPLETE	R OFFICE USE ONLY
marsuror	. 70	ate	
2.0.000	1 '	1-11-2010	W 61 87 CL 7
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sale or used for any commercial pu son who fails to file a complete or	rpose. (IC 3-9-4-5)	A person who knowing	
son who fails to file a complete or and may be subject to civil penalties.	accurate report as	required by the Indiana	
		-4-17, IC 3-9-4-18)	



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All schedule (over \$200) if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, year, MUST be itemized on this schedule (over \$200) if regular party committee). All contributors occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional. individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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FULL MAILING ADDRESS (street, number, city, state, ZIP code) TYPE OF CONTRIBUTION COLUMN A COLUMN B DATE OR OTHER RECEIPT AMOUNT THIS CUMULATIVE RECEIVED		outerwise, tills is optional.	Page	of
Contributions: Direct In-Kind (describe) Contributor's Occupation (if required) Contributions: Direct Contributions: Direct Contributions: Direct Contributions: Direct	(street, number, city, state, ZIP code)	OR OTHER RECEIPT	COLUMN A COL AMOUNT THIS CUMU	UMN B DATE
Contributor's Occupation (if required) 2. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) Contributor's Occupation (if required) 3. Contributions: Direct Direct Direct Direct		Direct	YEAR-	TO-DATE RECEIVED BY
Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) Contributor's Occupation (if required) Contributions: Direct	Contributor's Occupation (if required)	Interest Loan		
Contributor's Occupation (if required) 3. Contributions: Direct	2.	Direct		
Contributions: Direct	Contributante	Interest Loan		
	3.	Direct		
Other Receipts: Interest Loan Misc. (specify)		Other Receipts:		
4. Contributor's Occupation (if required)	Contributor's Occupation (if required) 4.	Contributions:		
Other Receipts: Interest Loan		Other Receipts:		
Contributor's Occupation (il required)	Contributor's Occupation (il required)5.	Contributions:		
In-Kind (describe) Other Receipts:		In-Kind (describe) Other Receipts:		
Contributor's Occupation (if required) Interest Loan Misc. (specify)		Misc. (specify)		
SUBTOTAL THIS PAGE OF SCHEDULE A \$ TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) \$	- AGES OF SCHEDULE A	ON THE	D D	



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

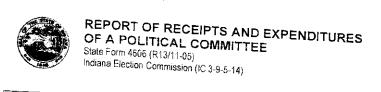
State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds \$200 if regular party committee).

	FILE NUMBER
Page	of

CONTRIBUTOR		Pa	ge	of
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE
1.	Contributions: Direct In-Kind (describe)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED
	Other Receipts: interest Loan Misc. (specify)			
2.	Contributions:			
	Direct In-Kind (describe)	•		
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		-	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
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(Enter total on IT	EA ON THE LAST PAGE ONLY SEM 15a of the Summary Sheet)	0		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, refunds termized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND			Page	of
1.	FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B	
		Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DAT	E RECEIVED
		Other Receipts: Interest Loan Misc. (specify)			
		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
		Contributions: Direct In-Kind (describe)			
-		Other Receipts. Interest Loan Misc. (specify)			
		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
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	(Enter total on ITE	M 15a of the Summary Sheet) \$	D		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

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1				
				
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(1990 Tregular party commi	ittee).	calendar year,	, i	1
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A		f
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD		DATE RECEIVED
	Contributions:	TENIOD	YEAR-TO-DATE	RECEIVED BY
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	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			[
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	Contributions:			
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	☐ In-Kind (describe)			
	Other Receipts:			
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	Misc. (specify)			
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4605 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to stop per contribution, within a calendar year MUST be itemized on the Summary Sheet. All cumulative contributions from other entities OVER and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committee). All transfers-in this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, party committee).

OVER \$100 per contribution, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions;			
	Other Receipts:			
3.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
4.	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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	Other Receipts Interest Loan Misc. (specify)			
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	. THIS PAGE OF SCHEDULE A	8		
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
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DECIDIENT				agel_o	f
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
POSTMASTER 1900 PLEASANT ST. NOBLESVILLE, INYLUIG Code	POSTAL SERVICE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: STAMPS/LETTER	/3a°°	13200	1/19/
		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER
Page of

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Enter Text of Public Question	PUBLIC QUESTIO	N INFORMATION			
Type of Question: Statewide	Local				
Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)		and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Confribution Other			
		Purpose:			
Code					
		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
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		Returned Contribution			
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		тирозе.			
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	SUBTOTAL THIS PA	GE OF SCHEDULE C	\$		
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	(Enter total on ITEM 17a of	the Summary Sheet)	\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS
TIMT PEGGY BEAVER			3-05	TEAR-10-DATE	PERIOD
		4607.83	3-05 TU		
LENDER'S OCCUPATION		4607.83 LOAN	10-06		460783
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LENDER'S OCCUPATION.					
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMB	ER	
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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZiP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDIN
, , , , , , , , , , , , , , , , , , ,	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE TH PERIOD
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